



City of Chicago
Department of Business Affairs and Consumer Protection
 Public Vehicle Operations Division · 2350 W. Ogden, First Floor · Chicago, IL 60608
 312-746-4300 · BACPPV@CITYOFCHICAGO.ORG · WWW.CITYOFCHICAGO.ORG/BACP

Public Passenger Vehicle Review Application for TAXICABS

Complete this application to obtain approval for your desired vehicle. Applicant must obtain written approval prior to purchasing the vehicle. Attach a copy of the manufacturer's specifications for the vehicle with this application.

Taxicab Medallion License Number(s): _____

Applicant's Name: _____

Complany: _____

Address: _____

E-Mail Address: _____

Contact Phone Number: _____

Applicant is applying for approval of the following to be used as a City of Chicago Taxicab:

Vehicle Make:	Vehicle Model:	Manufacturer Year:

Vehicle Color:	Fuel Source:	Wheelchair Accessible? (Y/N)

 Applicant's Signature

 Date Submitted

***** BACP USE ONLY*****

Vehicle Approved as TAXICAB? **Yes** **No** If No, state reason: _____

 Approved By BACP Employee (Print and Sign Name)

 Date Signed